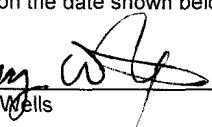
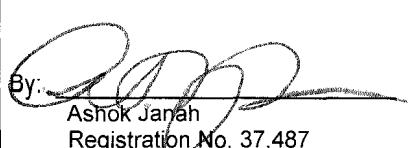


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1616
Application No: 10/644,265	Examiner: Alstrum Acevedo, James Henry
Confirmation No: 7484	Attorney Docket No: NK.0056.11
Filed: August 19, 2003	June 20, 2008
Title: STABILIZED PREPARATIONS FOR USE IN METERED DOSE INHALERS	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	107	150	0	\$50.00	\$25.00	\$0.00
Independent Claims	6	7	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
					Total	\$0.00

Fee Payment		Fee Deficiency
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Terminal Disclaimer	\$130.00	
Total	\$130.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00 . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):		Respectfully Submitted,
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or transmitted via electronic submission on the date shown below.  By: <u>Amy Wells</u> Date: <u>June 20, 2008</u>		 By: <u>Ashok Janah</u> Date: <u>June 20, 2008</u> Registration No. 37,487